

COVID-19 Community of Practice for Ontario Family Physicians

Sep 15, 2023

Dr. Kieran Michael Moore
Dr. Daniel Warshafsky



Preparing for the fall



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Preparing for the fall

Moderator:

- Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael's Academic FHT, Toronto, ON

Panelists:

- Dr. Kieran Michael Moore, Toronto, ON
- Dr. Daniel Warshafsky, Toronto, ON

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

How Indigenous communities can establish food security in a changing climate

One of the many effects of climate change is that it is leading to food insecurity in Indigenous communities across Canada.



<https://www.cbc.ca/news/science/what-on-earth-indigenous-food-sovereignty-1.6946580>



Dawn Morrison is the founder and curator of research and relationships for the Working Group on Indigenous Food Sovereignty in B.C. (Laura Lynch/CBC)

Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Liz Muggah (OH), Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Kieran Michael Moore– Panelist

Chief Medical Officer of Health and Assistant Deputy Minister, Ontario Ministry of Health, Office of Chief Medical Officer of Health, Public Health Division



Dr. Daniel Warshafsky– Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Mekalai Kumanan – Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

- Faculty Name: **Dr. Kieran Michael Moore**
- Relationships with financial sponsors:
 - Grants/Research Support: CIHR Canadian Lyme Disease Research Network
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Pfizer Lyme Disease Advisory Board
 - Others: N/A

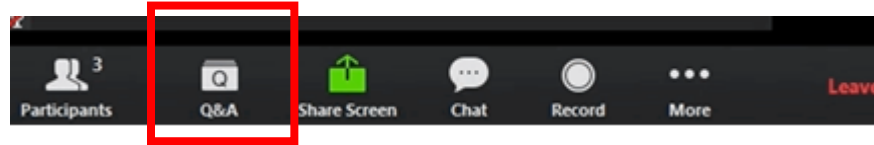
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A

Speaker Disclosure

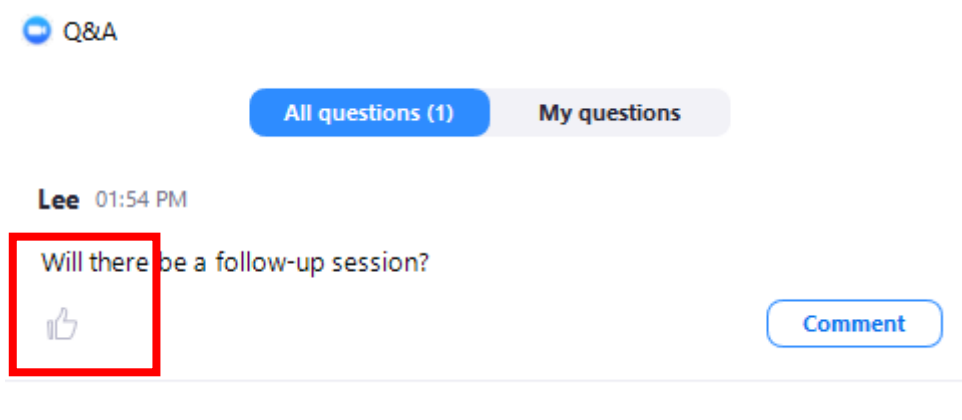
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQP), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
 - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

How to Participate

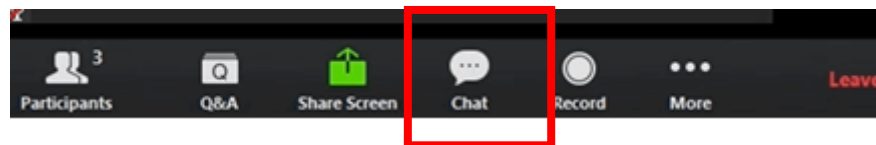
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Kieran Michael Moore– Panelist

Chief Medical Officer of Health and Assistant Deputy Minister, Ontario
Ministry of Health, Office of Chief Medical Officer of Health, Public Health
Division



Dr. Daniel Warshafsky– Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical
Officer of Health



Dr. Mekalai Kumanan – Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Fall/Winter Readiness

Office of the Chief Medical Officer of Health
September 2023

Respiratory Season Epidemiology

Summary of key respiratory metrics: September 11

Viral Burden

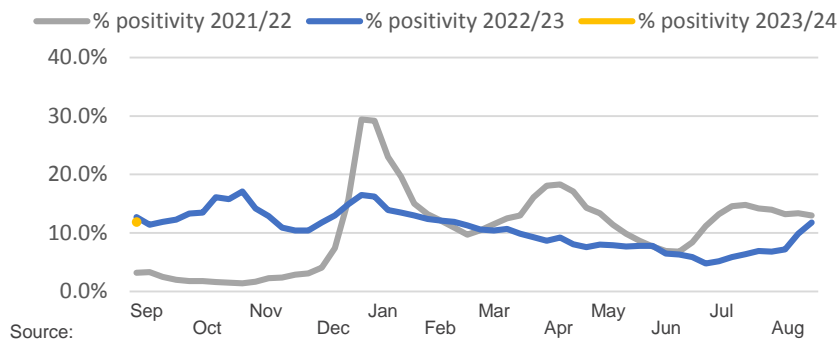
Health System Impacts

VWA = versus week ago			COVID-19		Influenza A / B		RSV	
Confirmed cases / positive tests*			1571	+0.2% VWA	20 / 6	-23% / +20% VWA	33 positive tests	+74% VWA
% positivity			12.3%	+0.5pts VWA	0.4% / 0.1%	-0.3 / +0.1 pts VWA	0.8%	+0.3 pts VWA
Wastewater			increase		Coming soon		Exploring use of pilot data	
Weekly confirmed hospital outbreaks			16	-6 VWA / -27% VWA	0	n/c VWA	0	n/c VWA
Weekly confirmed long-term care outbreaks			24	-4 VWA / -14% VWA	0	n/c VWA	0	n/c VWA
New hospital admissions (last 7-day total)	Total	317	-1% VWA		11	+120% VWA	20	+100% VWA
	60+	268	+3% VWA		Data not available		Data not available	
	0-17	11	-15% VWA					
Confirmed cases in hospital (weekly average)	Total	562	+4% VWA		17	-9% VWA	17	+10% VWA
	65+	60+: 468	+6% VWA		65+: 14	-4% VWA	65+: 7	+14% VWA
	0-17	8	+32% VWA		1	+80% VWA	9	+0% VWA
Patients in ICU (as of day measured)	Total	31	+55% VWA		1	-67% VWA	4	+300% VWA
	65+	To come			1	-50% VWA	1	(0 week ago)
	0-17	1	n/c VWA		0	n/c VWA	3	

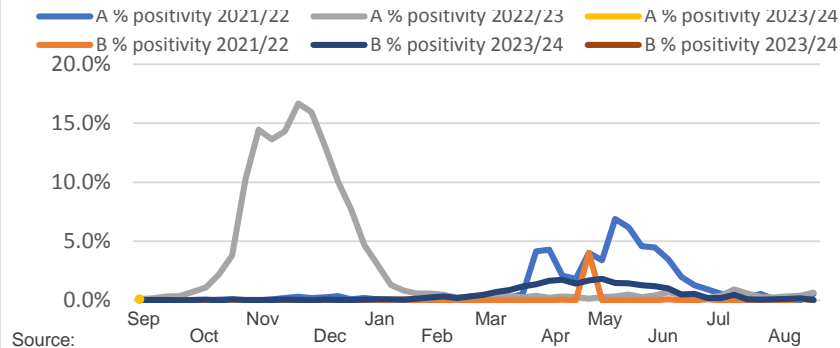
* COVID-19 cases are based on information extracted from Public Health Case and Contact Management Solution by PHO for all PHUs. Influenza is based on information reported in reported in iPHIS. RSV shows positive lab tests sourced from PHAC Centre for Immunization and Respiratory Infectious Disease Tables as specific case counts are not available. Case counts are subject to varying degrees of underreporting and may be an underestimate of true number of individuals with the disease. Trended data should be

Viral Burden Indicators Expanded

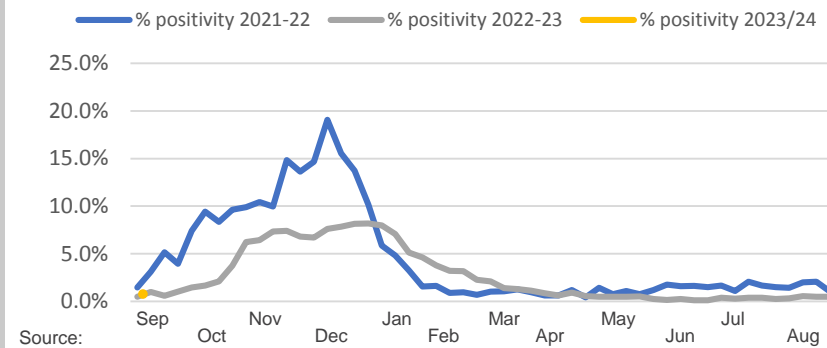
COVID-19: % Positivity (to Sep 2)



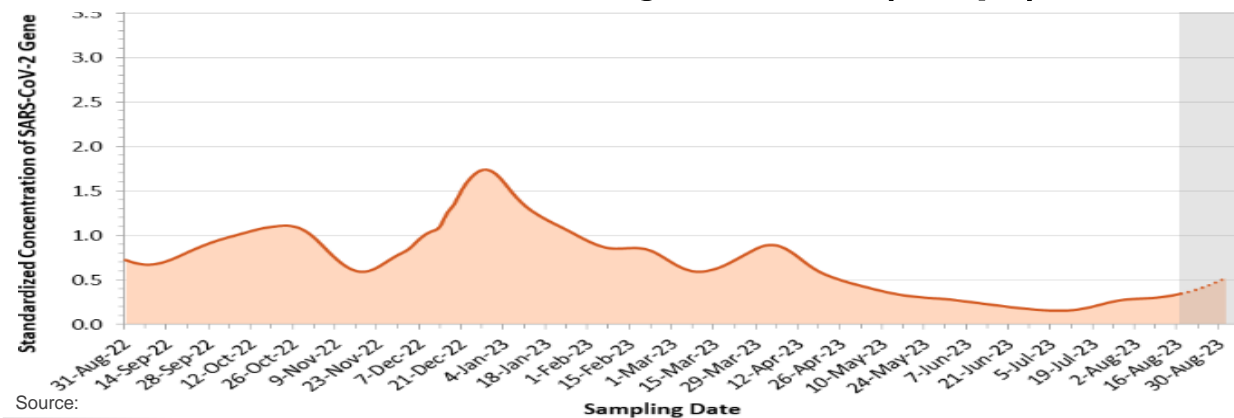
Influenza A+B: % Positivity (to Sep 2)



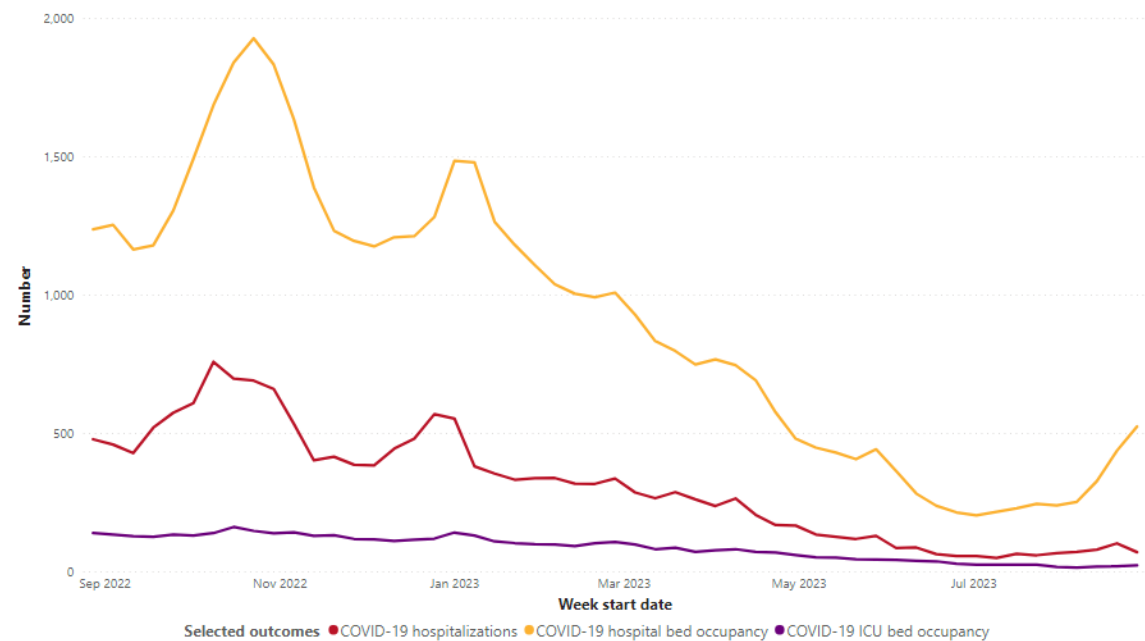
RSV: % Positivity (to Sep 2)



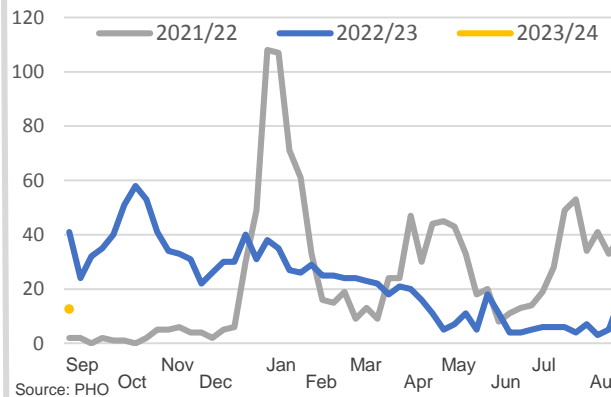
COVID-19 Wastewater Signal in Ontario (to Sep 1)



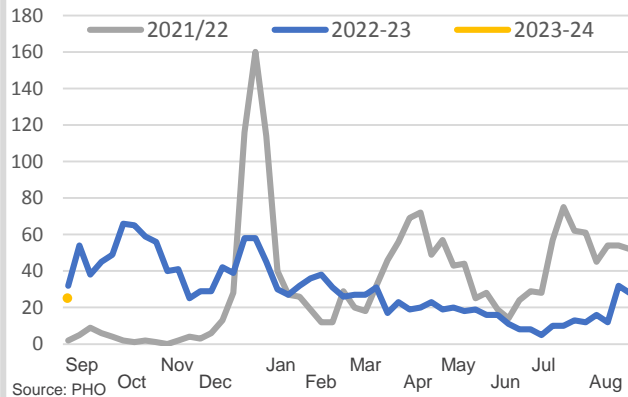
COVID-19 hospitalizations in Ontario (to Sep 2)



Weekly Confirmed Hospital COVID-19 Outbreaks (to Sep 2)



Weekly Confirmed LTC COVID-19 Outbreaks (to Sep 2)



Health System Impacts Indicators: ACES ED respiratory-related complaints volume data (to Sep 6 12:00am)

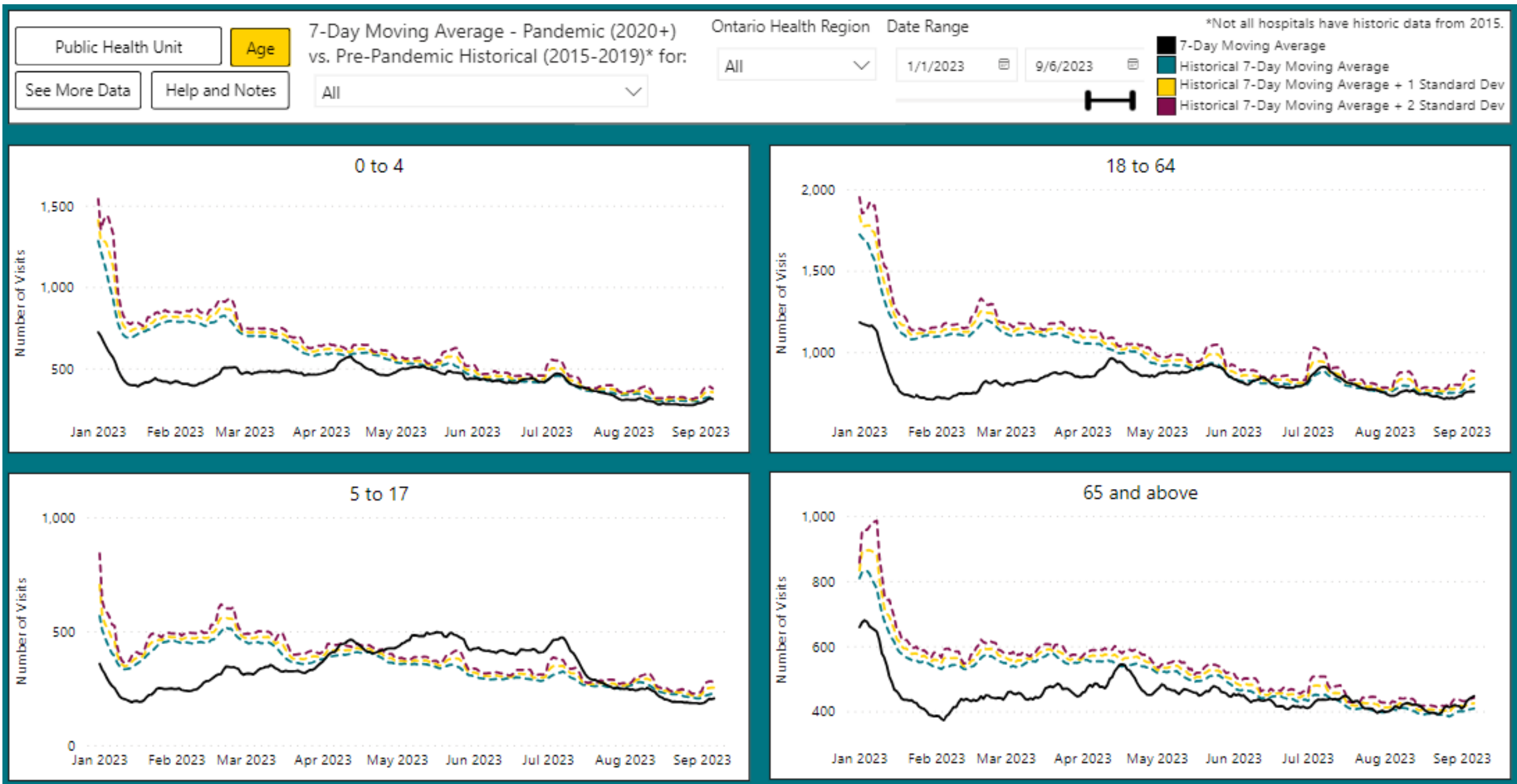
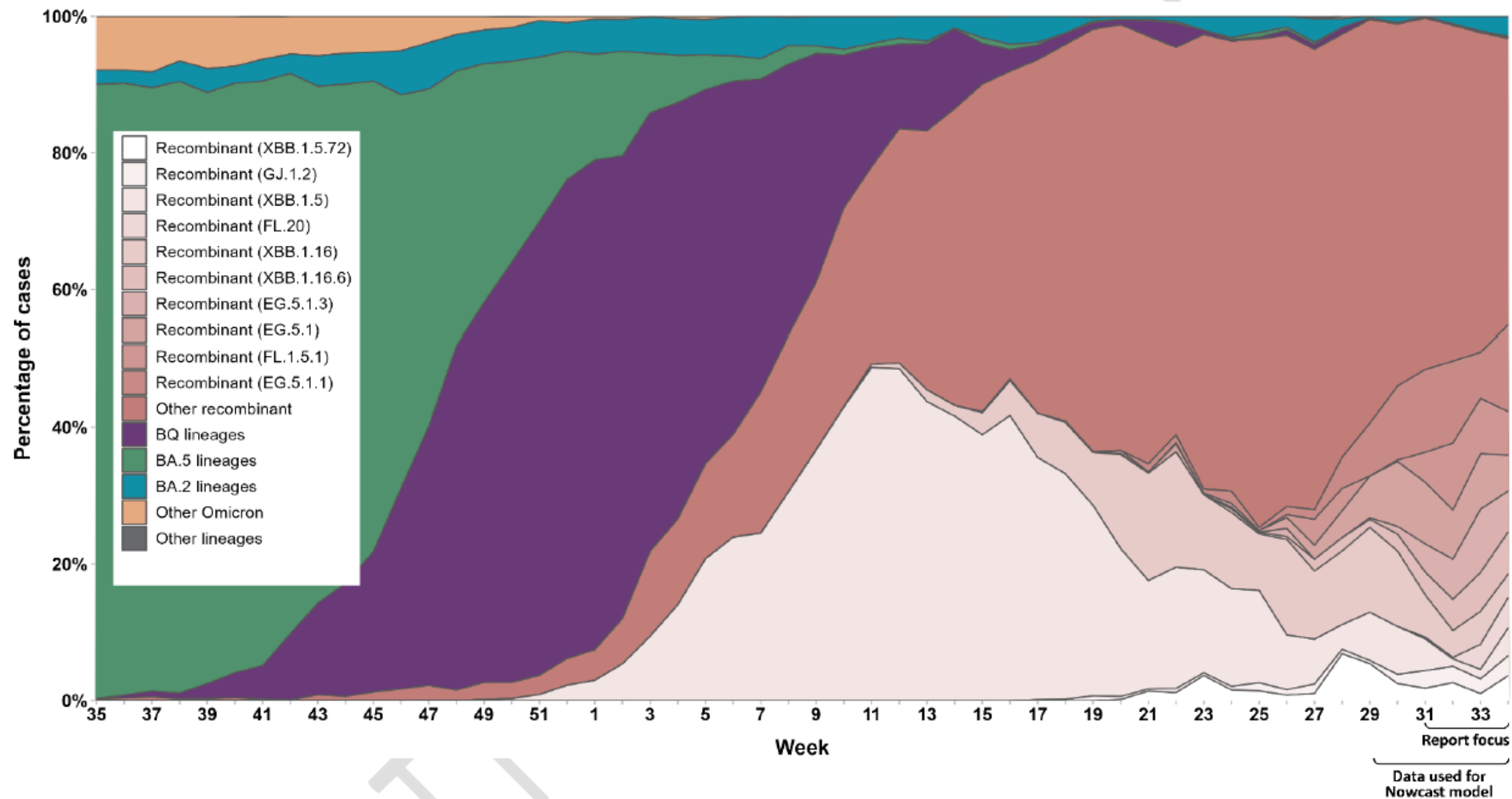
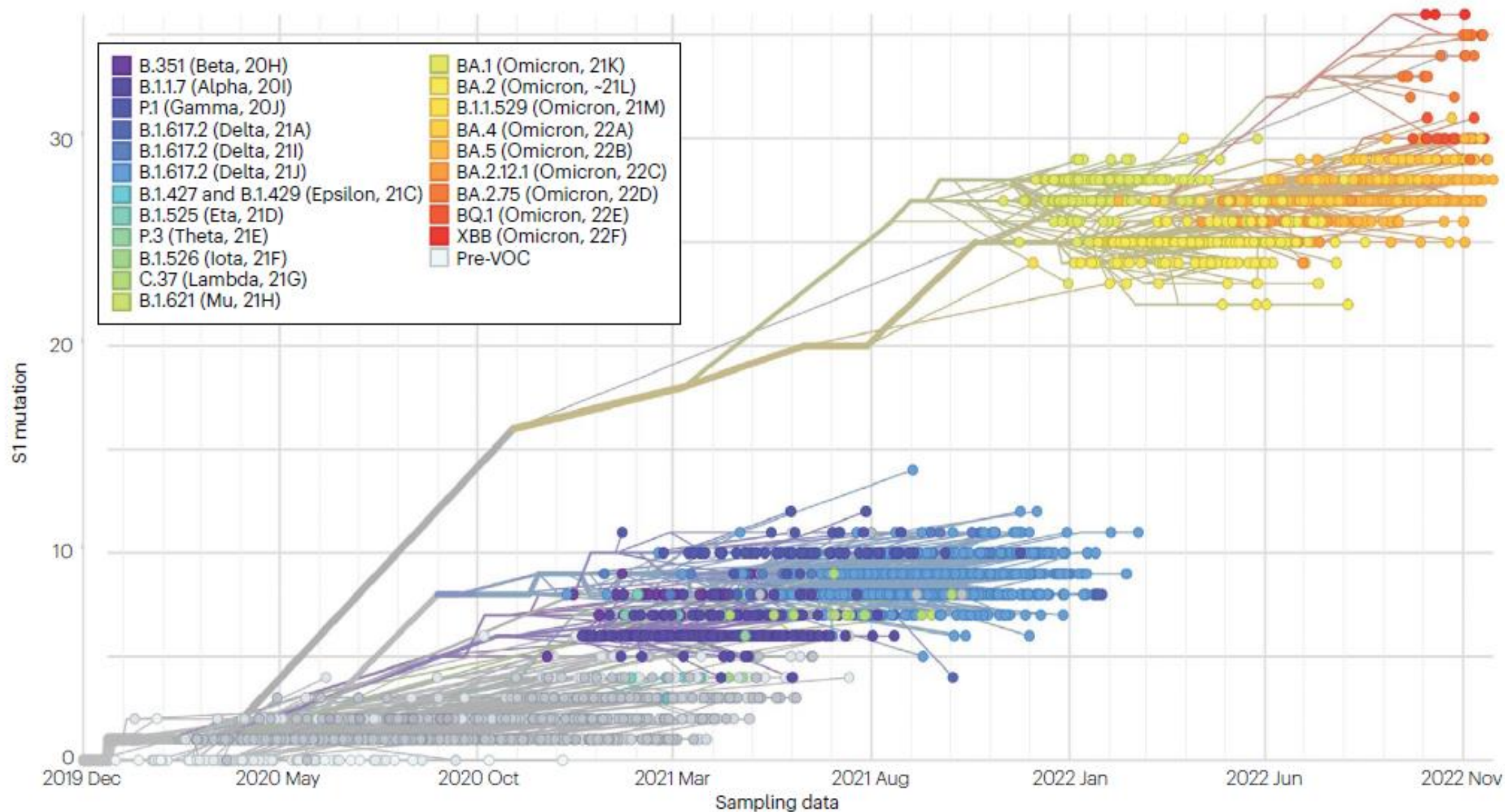


Figure 1. Percentage of COVID-19 cases by the most prevalent lineages and week, representative surveillance, Ontario, August 28, 2022 to August 26, 2023

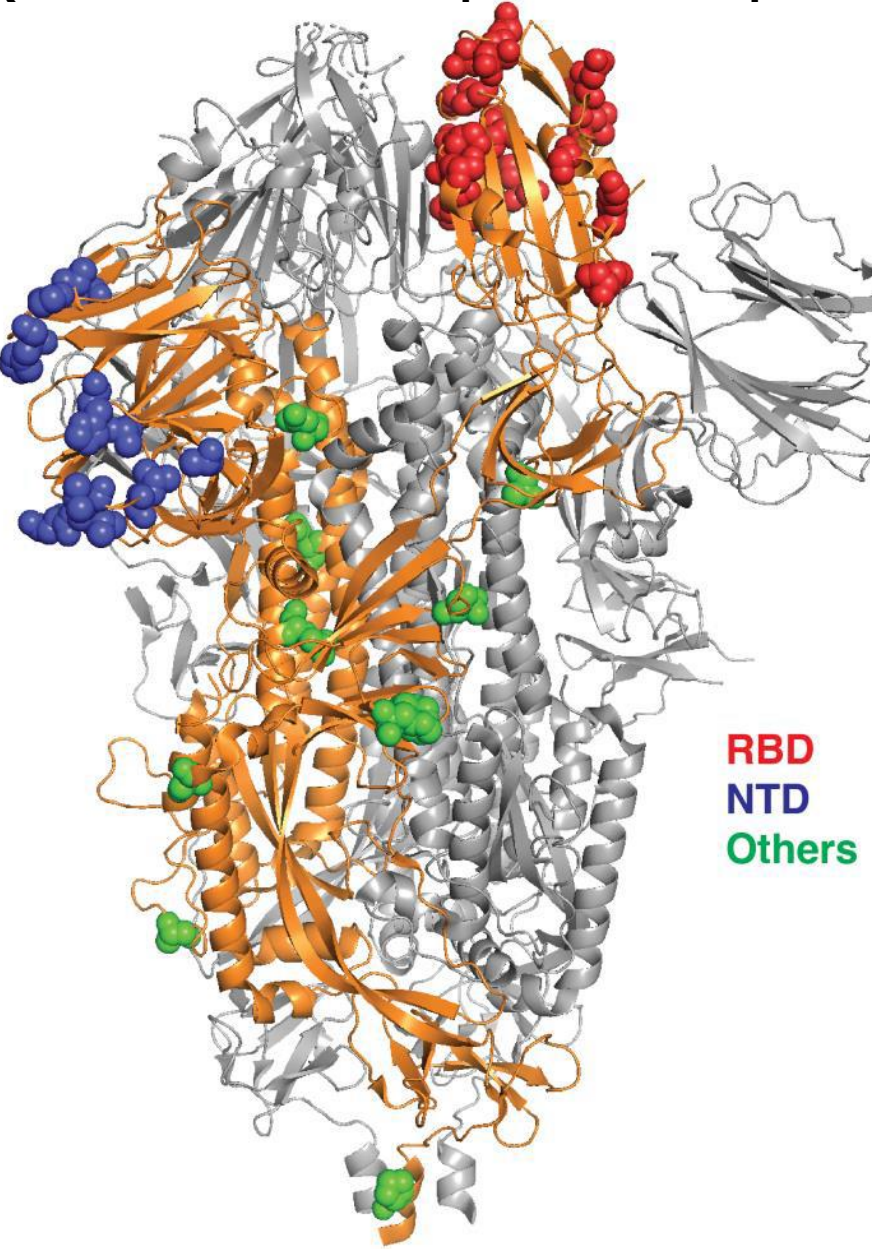


b

Markov, P.V., Ghafari, M., Beer, M. *et al.* The evolution of SARS-CoV-2. *Nat Rev Microbiol* **21**, 361–379 (2023).

<https://doi.org/10.1038/s41579-023-00878-2>

BA.2.86 mutations on Wuhan-Hu-1 spike (shown as colored spheres on a protomer)



RBD mutations relative to Wuhan-Hu-1

Wuhan-Hu-1	I	G	R	K	L	S	S	S	T	R	D	R	K	N	V	G	N	L	F	N	S	T	N	V	E	F	F	Q	N	Y	P
XBB.1.5	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	F	K	N	K	N	V	A	P	S	R	Y	H	P
XBB.1.9.1	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	F	K	N	K	N	V	A	P	S	R	Y	H	P
XBB.1.16	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	F	K	N	R	N	V	A	P	S	R	Y	H	P
XBB.2.3.2	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	F	K	N	K	N	V	A	P	S	R	Y	H	S
EG.5.1	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	L	K	N	K	N	V	A	P	S	R	Y	H	P
FL.1.5.1	I	H	T	K	I	F	P	F	A	R	N	S	N	K	P	S	N	L	L	K	N	R	N	V	A	P	S	R	Y	H	P
BA.2.86	V	H	R	T	L	F	P	F	A	K	N	S	N	K	H	S	D	W	F	K	N	K	K	-	K	P	F	R	Y	H	P
	332	339	346	356	368	371	373	375	376	403	405	408	417	440	445	446	450	452	456	460	477	478	481	483	484	486	490	498	501	505	521

RBD
NTD
Others

Infection Prevention and Control (IPAC)

Ensuring that foundational IPAC practices are in place:

- Hand hygiene
 - Staff perform HH as indicated; ABHR not expired; ABHR at point of care
- Environmental cleaning
 - Process in place for cleaning after each patient interaction; ensuring staff trained in how to clean and how to use the product (contact time, application)
- Screening for ARIs (acute respiratory illness) and other communicable diseases
 - Process for screening patients (active and/or passive); process to manage symptomatic patients
- Performing a point of care risk assessment (PCRA)
 - Staff knowledgeable about performing a PCRA; access to appropriate PPE; adherence to donning and doffing sequencing and technique

Additional Precautions

- [Infection Prevention and Control for Clinical Office Practice](#) | April 2015

CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
<p><u>For patients with:</u></p> <ul style="list-style-type: none"> ■ Antibiotic-resistant organisms (e.g., MRSA infection) ■ Acute vomiting and/or diarrhea ■ Uncontained drainage ■ Conjunctivitis 	<p><u>For patients with:</u></p> <ul style="list-style-type: none"> ■ Pertussis ■ Mumps ■ Rubella ■ Meningitis, etiology unknown and meningococcal <p><u>Droplet + Contact Precautions for patients with:</u></p> <ul style="list-style-type: none"> ■ Acute Respiratory Infection (e.g., croup, RSV, common cold, influenza, bronchiolitis, pneumonia, acute exacerbation of asthma) 	<p><u>For patients with:</u></p> <ul style="list-style-type: none"> ■ Pulmonary tuberculosis ■ Measles ■ Chickenpox
<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none"> ■ Identify at triage ■ Separate symptomatic patients from other patients in waiting room or triage into a single room 	<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none"> ■ Identify at triage ■ Surgical mask for patient ■ Triage into single room ■ Respiratory etiquette ■ Post alert at entrance to room, if available 	<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none"> ■ Identify at triage ■ Surgical mask for patient ■ Triage into single room with door (closed) – open window in room, if applicable ■ Place alert at entrance to room, if available
<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none"> ■ Hand hygiene ■ Gloves for any contact ■ Gown, if soiling is likely ■ Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves 	<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none"> ■ Hand hygiene ■ Surgical face mask and eye protection for any contact ■ Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves 	<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none"> ■ Hand hygiene ■ N95 respirator if patient has suspected or confirmed pulmonary tuberculosis ■ Respirator not required for chickenpox/measles if HCW is immune. Only immune staff to provide care

Figure 22: Examples of Additional Precautions (based on mode of transmission)

IPAC Resources

Public Health Ontario

- IPAC [Landing](#) page for resources
- On-line learning modules ([IPAC Core Competencies](#))
- PPE signage / videos for technique and sequencing
- IPAC Best Practices for Clinical Office Practice
- IPAC checklist for Clinical Office Practice
- [Risk algorithm](#) for guide PPE Use
- IPAC@oahpp.ca

Your local PHU

Vaccination

2023–24 COVID-19 Vaccination and Universal Influenza Immunization Program (UIIP)

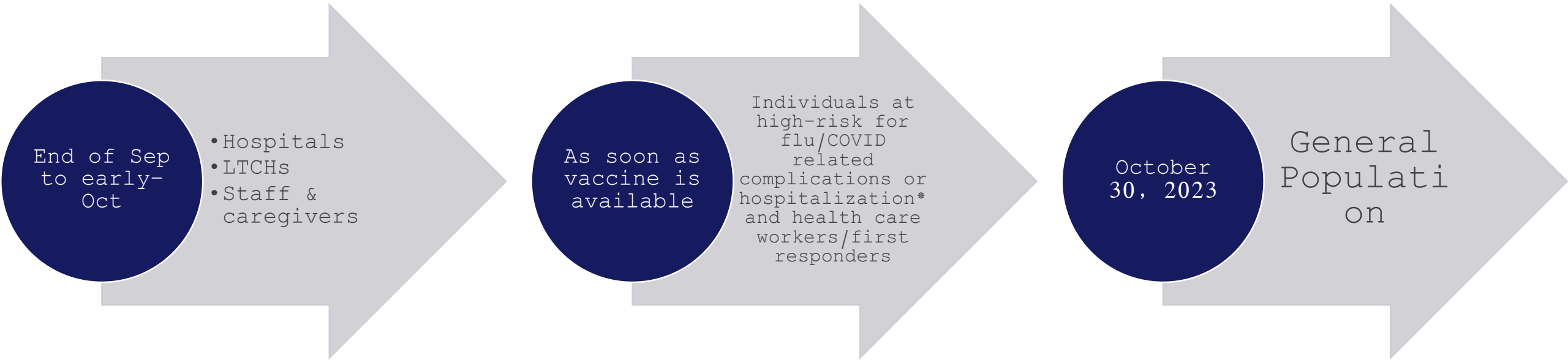
As soon as vaccine is available, starting towards the end of September, the initial doses will be prioritized for:

- Hospitalized individuals and hospital staff,
- Long-Term Care Home and Elder Care Lodge residents, staff, and caregivers

Vaccines will continue to be distributed, as they become available, to participating retirement homes, other congregate living settings, pharmacies, primary care providers and other providers for the immunization of:

- Individuals at high-risk for influenza/COVID-19 related complications or hospitalization [lists aligned to promote co-administration]:
 - Residents and staff of congregate living settings (e.g., chronic care facilities, retirement homes)
 - Pregnant individuals
 - People ≥ 65 years of age
 - All children 6 months to 4 years of age (based on influenza risk)
 - Individuals who are from a First Nation, Inuit or Métis community, and/or who self-identify as First Nation, Inuit, or Métis, and their household members
 - Individuals 6 months of age and older with underlying health conditions per NACI ([Influenza](#) & [COVID-19](#))
 - Members of racialized and other equity deserving communities

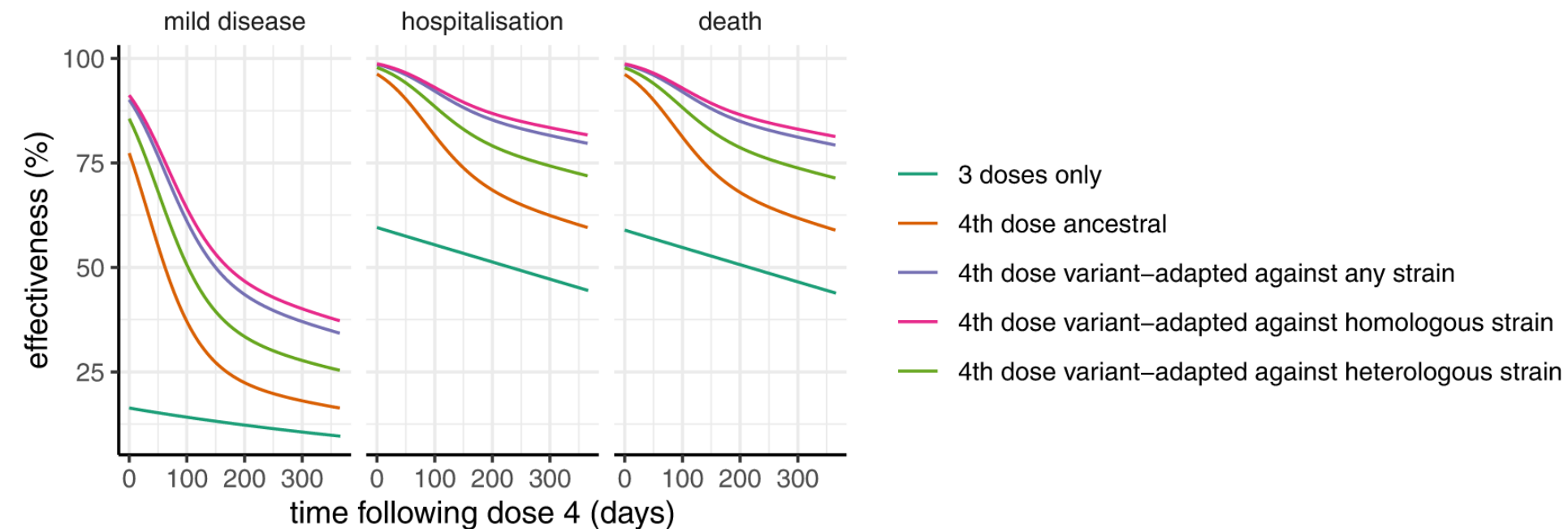
2023-24 Launch: High-Risk Roll-Out



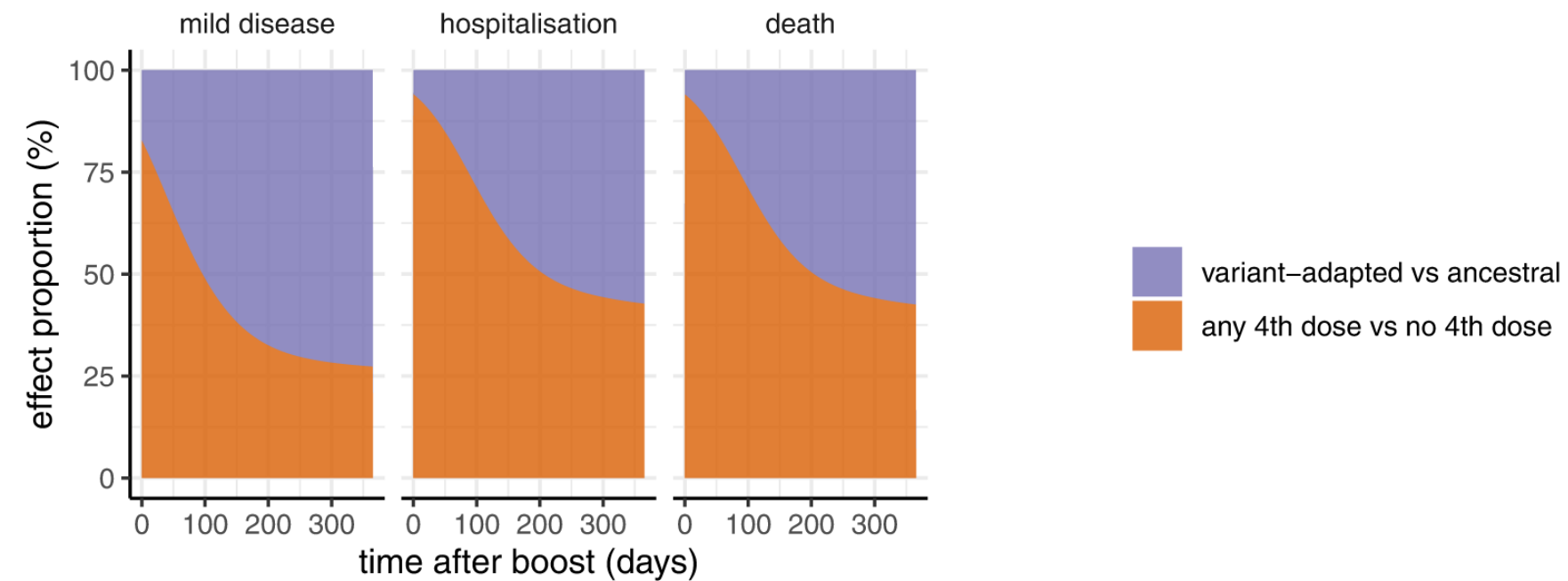
Moderna XBB.1.5 Monovalent Vaccine

Age Range	COVID-19 Vaccination History	Presentation	Vial Cap Colour	Label Colour	Dose(s)	Dose Volume
12 years of age or older	Not previously vaccinated OR previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 50 mcg	0.5 mL
5 to 11 years of age	Not previously vaccinated OR previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 25 mcg	0.25 mL
6 months to 4 years of age	Not previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	2 doses: 25 mcg, 4 weeks apart	0.25 mL
	Previously vaccinated; 1 or more previous doses	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 25 mcg	0.25 mL

A



B

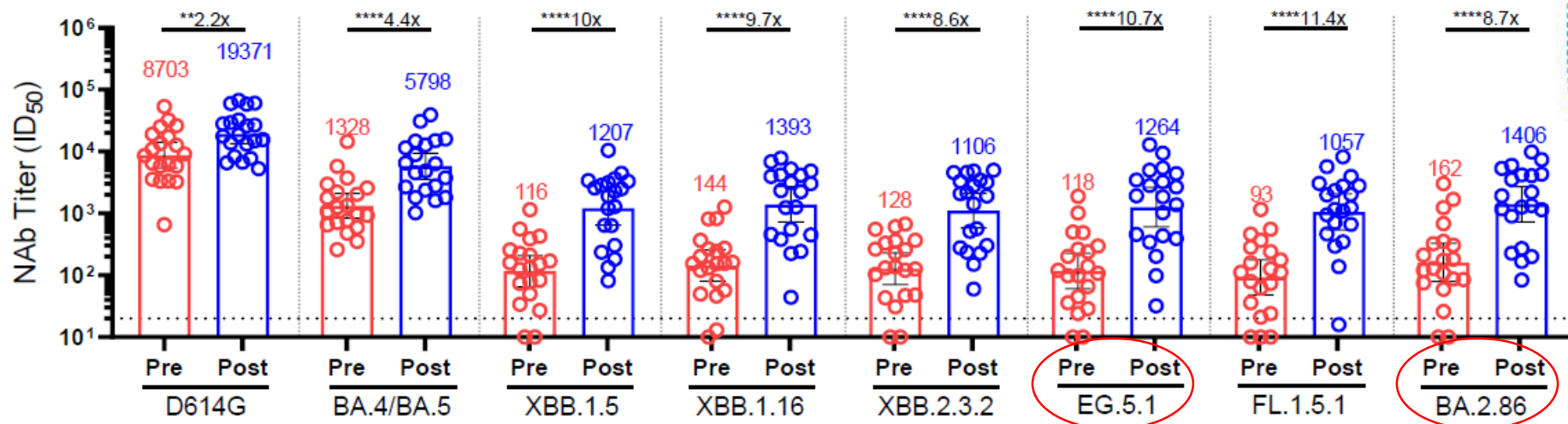


Hogan, A.B., Doohan, P., Wu, S.L. *et al.* Estimating long-term vaccine effectiveness against SARS-CoV-2 variants: a model-based approach. *Nat Commun* **14**, 4325 (2023). <https://doi.org/10.1038/s41467-023-39736-3>

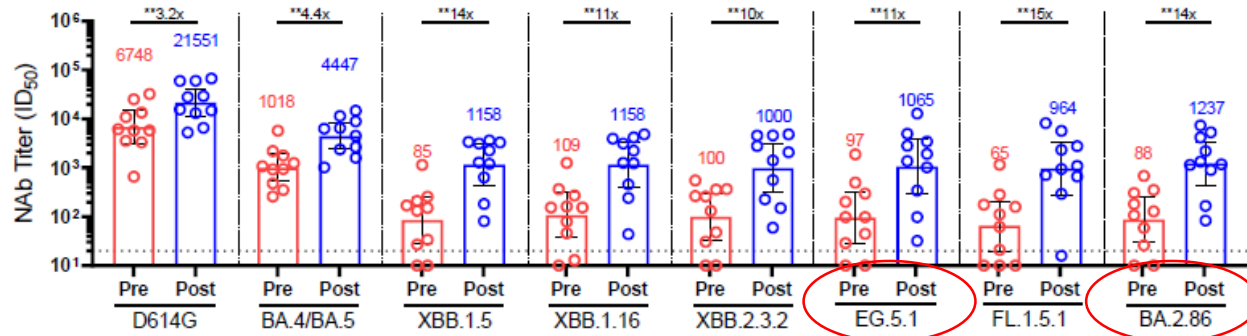
NAb Profile

- 50µg mRNA-1273.815, robust nAb titers (~8-11 fold rise over pre-boost) were seen against XBB.1.5, XBB.1.16, XBB.2.3.2, EG.5.1, FL.1.5.1, BA.2.86, 2wks post
- Titers against all the currently circulating variants tested were similar
- 50µg mRNA-1273.815 still gave a moderate increase in NAb titer against D614G & BA.4/BA.5

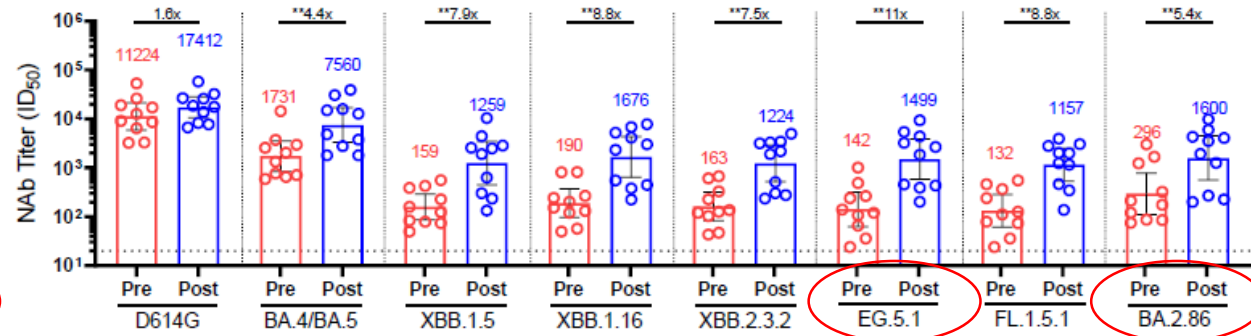
P205 Part J
mRNA-1273.815, 50µg



No prior infection



prior infection



Subset analysis, n=20

- n=10 with no prior infection, n=10 with prior infection

Chalkias S, et al. Safety and Immunogenicity of XBB.1.5-Containing mRNA Vaccine.

<https://www.medrxiv.org/content/10.1101/2023.08.22.23293434v2.full.pdf>

2023–24 UIIP Product Mix

Vaccine Name	Manufacturer	Format	Dose	Dose Volume	Age Indication
FluLaval Tetra	GSK	MDV	15 mcg each strain	0.5 mL	≥ 6 months
Fluzone Quadrivalent	Sanofi	MDV/PFS	15 mcg each strain	0.5 mL	≥ 6 months
Fluzone High-Dose Quadrivalent	Sanofi	PFS	60 mcg each strain	0.7 mL	≥ 65 years
Fluad	Seqirus	PFS	15 mcg each strain	0.5 mL	≥ 65 years

MDV – Multi-dose vial

PFS – Pre-filled syringe

TABLE 2. Interim 2023 southern hemisphere seasonal influenza vaccine effectiveness against all influenza types A and B and against virus type A(H1N1)pdm09 – REVELAC-i Network, March-July 2023

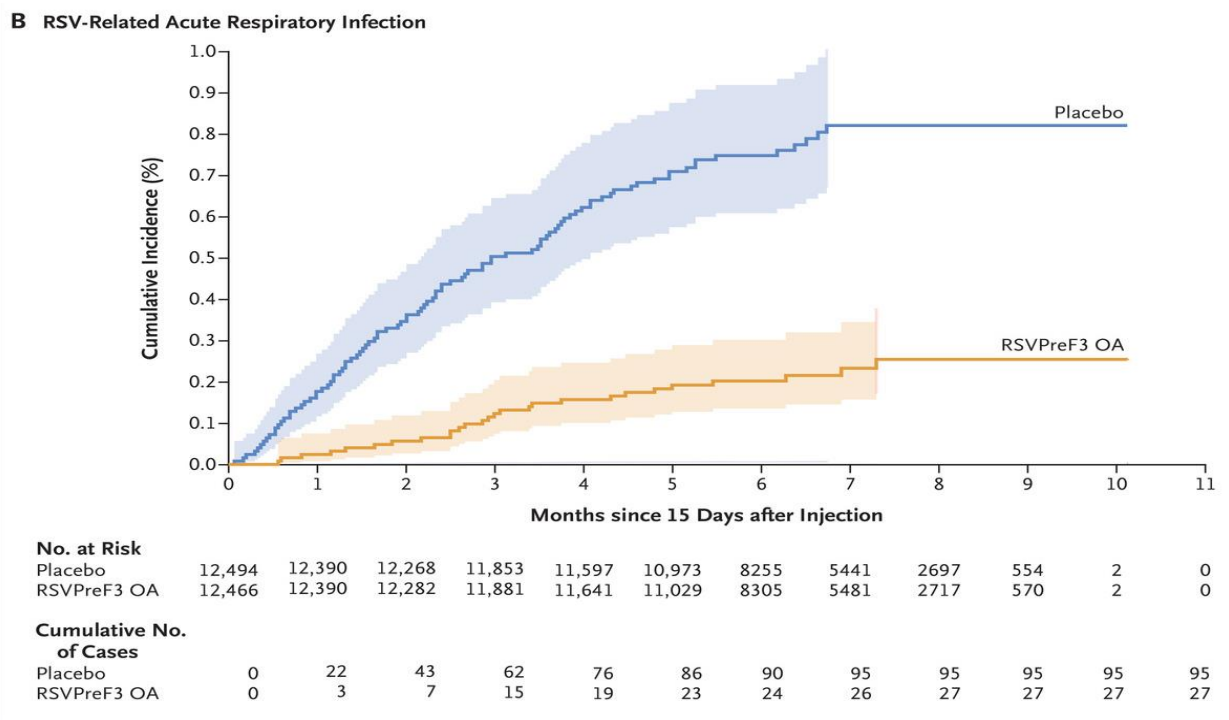
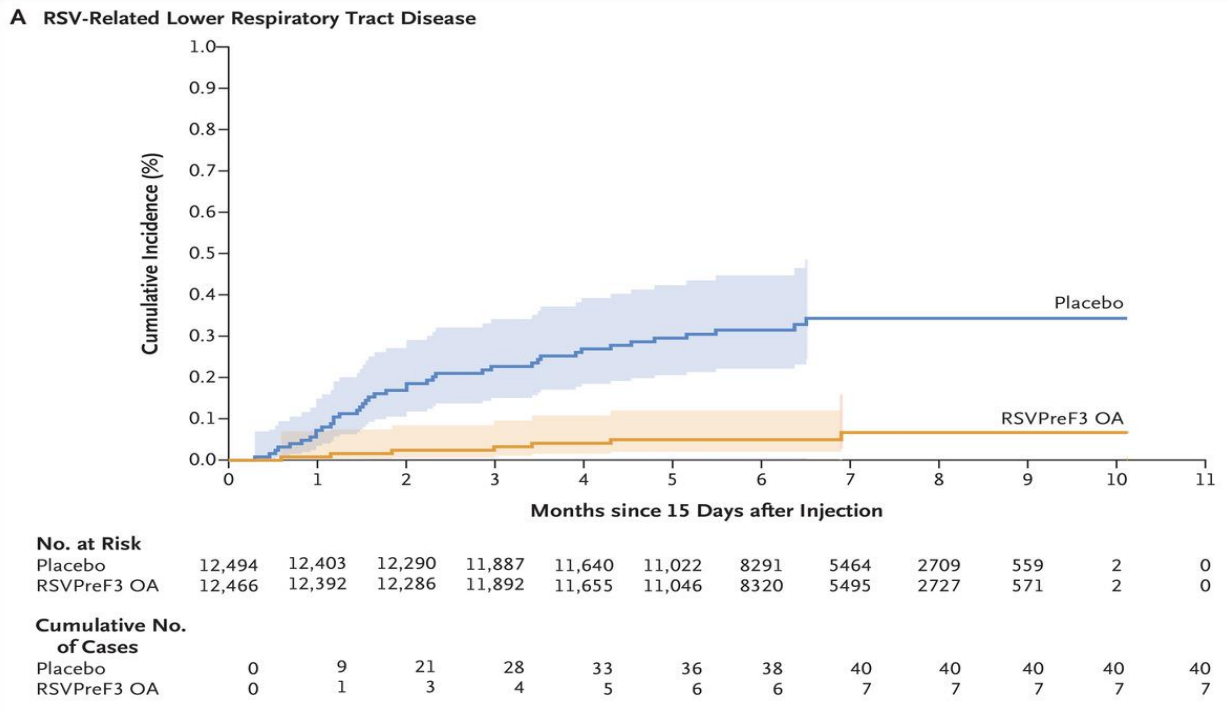
Influenza type/Target group [§]	Influenza test-positive case-patients*		Influenza test-negative control patients		Vaccine effectiveness [†]	
	Total	Vaccinated no. (%)	Total	Vaccinated no. (%)	Unadjusted % (95% CI)	Adjusted [†] % (95% CI)
Influenza A and B						
Overall	900	138 (15.3)	1,880	526 (28.0)	53.3 (42.4 to 62.4)	51.9 (39.2 to 62.0)
Older adults	547	96 (17.6)	583	176 (30.2)	50.8 (34.1 to 63.3)	37.6 (13.1 to 55.2)
Children	214	19 (8.9)	1,048	286 (27.3)	74.0 (57.3 to 85.0)	70.2 (50.3 to 82.1)
Persons with preexisting conditions	139	23 (16.5)	249	64 (25.7)	42.7 (0.3 to 67.8)	38.0 (−10.8 to 65.3)
Influenza A/H1N1						
Overall	668	102 (15.3)	1,880	526 (28.0)	53.6 (41.2 to 63.6)	55.2 (41.8 to 65.5)
Older adults	422	70 (16.6)	583	176 (30.2)	54.0 (36.6 to 66.8)	42.7 (18.5 to 59.8)
Children	120	10 (8.3)	1,048	286 (27.3)	75.8 (52.9 to 88.9)	75.3 (52.1 to 87.3)
Persons with preexisting conditions	126	22 (17.5)	249	64 (25.7)	38.9 (−7.6 to 66.1)	43.0 (−6.7 to 69.5)
Influenza B						
Overall	85	10 (11.8)	1,880	526 (28.0)	65.7 (32.6 to 84.8)	46.2 (−7.9 to 73.2)

RSV

- Ontario is also rolling out the first publicly funded RSV vaccination program for those **60** years and older residing in long-term care homes, Elder Care Lodges, and in some retirement homes.
- New changes will also allow pharmacists to soon be able to administer the world's first RSV vaccine, Arexvy, to patients **60** years and older on the private market.
- For infants Pavilizumab remains available through the [Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program](#)

Characteristic	RSVpreF3-AS01E (GSK)/Arexvy
Health Canada Authorization	Authorized for use as of August 4, 2023
Approved/anticipated indication(s)	Adults ≥ 60 years
Antigen Component	Pre-fusion RSV F glycoprotein
Adjuvant	AS01E
Preservatives	None
Packaging	Single dose or 10-pack of single dose kits
Preparation	Lyophilized antigen component reconstituted with liquid adjuvant component
Dosage	0.5 mL volume (120 mcg dose): 120 mcg RSVpreF3
Route of Administration	Intramuscular injection
Storage and handling	Antigen and adjuvant components should be refrigerated (2 - 8°C) in original container, protected from light
Shelf life	Reconstituted product may be refrigerated or stored at room temperature and used within 4 hours. Any unused product should be discarded.

Papi A, Ison MG, Langley JM, et al. Respiratory syncytial virus prefusion F protein vaccine in older adults. N Engl J Med. 2023;388(7):595-603



Therapeutics

Overview of Antiviral Treatment

- Two medications available for outpatients/patients in the community – oral nirmatrelvir/ritonavir (Paxlovid™) and intravenous (IV) remdesivir (Veklury™)
- Should be strongly considered for individuals who have COVID-19 symptoms (not requiring hospitalization) and a positive SARS-CoV-2 test (based on positive PCR, rapid molecular, or rapid antigen test result), and are **high risk of severe outcomes**.
- Patients present within 5 to 7 days of symptom onset (depending on the treatment).
- Individuals at high risk include:
 - 60 years of age or older
 - Adults who are immunocompromised regardless of age/prior infections/vaccine status
 - Adults with one or more underlying medical conditions (such as diabetes, heart or lung disease), or
 - Adults who are unvaccinated or under-vaccinated (e.g.,
 - not receiving a full primary series of the COVID-19 vaccine or
 - having received a full primary series but no COVID-19 vaccine or infection in past 6 months)

Nirmatrelvir and ritonavir (Paxlovid™) – oral treatment

Recommendation from Ontario Health

- Paxlovid is the preferred first-line treatment for high-risk patients with mild to moderate symptoms and a positive COVID-19 test within five (5) days of symptom onset



Requires careful risk assessment and collaboration with pharmacist and/or specialist (e.g., transplant, oncology) to assess for contraindications and manage drug interactions.



How to access

- Can be dispensed at most community pharmacies. No cost to patients and no health card required
- MD/NP prescriptions can be logged with pharmacy in advance (consult with pharmacist)
- Pharmacists can also prescribe Paxlovid (since December 2022)

Evidence

- At least 18 studies published since HR-EPIC trial support effectiveness of Paxlovid in reducing hospitalization/death across varied **high-risk** patient groups, including vaccinated individuals. An Ontario study conducted April–August

Remdesivir (Veklury™) – parenteral/intravenous treat



Recommendation from Ontario Health

- Alternative to Paxlovid for high-risk patients with positive test with seven (7) days of symptom onset
- Recommended for patients who cannot take Paxlovid due to a contraindication (medical contraindication or a drug interaction that cannot be safely managed) or > 5 days after symptom onset.

How to access

- Via Home and Community Care Support Services (HCCSS)
- Delivered at community nursing clinics (or at patient's home in exceptional circumstances).
- MD/NPs can prescribe by sending referral and treatment forms to [local HCCSS branch](#).
- Additional outpatient pathways may be available through hospitals in some regions.

Evidence

Important reminders for patient selection

- **Consider social determinants of health:** Individuals who are at a higher risk of poor outcomes from COVID-19 based on social determinants of health should be considered priority populations for access to antivirals. Individuals at high risk include Indigenous people, Black people and other members of racialized communities, individuals with intellectual, developmental, or cognitive disability, and people who use substances, live with mental health conditions, or are underhoused.
- **Solid organ transplant patients** should have their transplant team involved in a decision to initiate antivirals.
- **Eligibility ultimately is based on the prescriber's clinical discretion.** Prescribers must determine whether adopting suggested information is clinically appropriate for individual patients through a risk-benefit assessment. There are limitations to the current evidence.

Resources for primary care providers

- Ontario Health's COVID-19 Therapeutics Interim Working Group released recommendations on Paxlovid in December 2022.
- Ontario Health's new Infectious Diseases Advisory Committee has developed clinical recommendations on the outpatient use of intravenous remdesivir in adults. Ontario Health will be releasing guidance on outpatient use of remdesivir IV treatment (to be released in September) including advice on how to identify high risk patients.
 - Intended update/replace previous clinical guidance prepared by the Ontario Science Table.
- Resources for health care providers, including detailed information and forms on accessing Remdesivir, available on Ontario Health's website: <https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/covid-19/treatment>

Antiviral Medications for Seasonal Influenza

- An updated version of [Antiviral Medications for Seasonal Influenza: Public Health Considerations](#) is planned for release in mid-September
- AMMI recommends early empiric antiviral treatment for seasonal influenza based on an individual's clinical presentation and their risk factors for developing complications.
- Specifically, when influenza is circulating in the community, AMMI recommends influenza antivirals be used to treat adults and children with influenza-like illness (ILI) who:
 - Are at higher risk of complications of influenza; OR
 - Have severe, complicated, or progressive illness; OR
 - Are hospitalized
- Antiviral medications work best if administered within **48** hours of symptom onset. Therefore, when influenza is circulating in the community, antiviral treatment should be started as soon as possible without waiting for laboratory-confirmation of influenza.

Testing

COVID-19 Testing: Fall Preparedness Current Status

- **Molecular Testing:**
 - Publicly-funded PCR testing: Available to [eligible individuals](#) across Ontario at participating community labs and pharmacies, and at remaining clinical assessment centres.
 - 504 pharmacies currently offer testing
 - 30 assessment centres have been extended through end of FY23-24
 - Individuals can use a [PCR testing locator tool](#) to find their nearest testing location.
 - Rapid Molecular Testing: There are currently 134 active ID NOW sites offering testing. A total of 86 sites are in the North region offering access to molecular testing in areas without easy access to lab-based testing.
- **Rapid Antigen Testing:**
 - Public Access: As of July 1, 2023, Public Health Units (PHUs) were invited to order RATs to distribute to their local communities.
 - Patient Distribution: In September, healthcare providers (including physicians, pharmacists, and other healthcare providers e.g. allied health professionals, including physiotherapists, etc.) will be invited to order RATs to distribute to their patients.
 - For those already enrolled in PASP, RATs for patient distribution can be ordered through existing channels ([PPE Supply Portal](#))
 - If not yet enrolled in PASP, healthcare providers must first enroll in PASP via the [Ontario Together Portal](#), and then they can proceed with ordering RATs via the [PPE Supply Portal](#) to distribute to patients and/or employees
 - Provincial Antigen Testing Program (PASP) Extended Access: High Priority Communities (HPCs), First

Supporting Family Doctors Through Respiratory Illness Season

Fall 2023

September 15, 2023

Ontario College of
Family Physicians

Leaders for a healthy Ontario



Supporting Family Doctors Through Respiratory Illness Season

Working with partners, OCFP has created tools and resources for family doctors and patients including:

- A checklist for your clinic to prepare for managing surge and IPAC;
- Information and updates you need on vaccines and antivirals;
- A screening tool for respiratory illness for your front office to ensure timely access to antivirals for high-risk patients;
- Patient education focusing on prevention, care that can be provided at home, and understanding risk;
- For the general public, we have tipsheets on knowing when and where to seek care.

Respiratory Illness Season

As your practice prepares for the 2023-2024 respiratory illness season, we've put together the information you need to help you safely provide care in your community.

*Information is current as of September 15, 2023

Below is a checklist with a list of resources for family physicians and their patients that highlights the information found in each document.

[Download Checklist](#)


Physician-Patient Discussions	+
Preventing the Spread of Respiratory Viruses in Patient Care Areas of Your Clinic	+
COVID-19 testing and antiviral treatments for COVID-19 and influenza	+
Vaccines Update	+
IPAC Recommendations	+

Supporting Family Doctors Through Respiratory Illness Season

- Family doctors told us that you need more education and information to share with patients.
- We have compiled information that can be shared with patients, including:
 - Staying up to date on vaccines.
 - The need to plan ahead for those who are high-risk.
 - Managing respiratory illnesses at home.

Stay Healthy Ontario

Family doctor tips to help you through the respiratory illness season



As more people spend time indoors, we can expect to see a seasonal rise in COVID-19, RSV, flu and other common colds and viruses.

The OCFP is sharing tips to help you stay healthy and manage your illness if you do get sick.

*Information is current as of September 15, 2023.

Stay up-to-date with vaccines	+
If you get sick: Managing colds, RSV, flu and COVID-19	+
Take action to stay healthy this fall and winter	+
Caring for sick children	+
Information for those at a high risk of complications	+

Where To Find Resources

- [Today's President's Message](#)
- [Website](#)
- Social Media
- News Media

Respiratory Illness Season Tools and Resources

This respiratory illness season, the OCFP is sharing tools and resources to help family doctors and patients.

Respiratory Illness Tools and Resources

Find current information on vaccines, IPAC reminders, planning for high-risk groups to access antivirals, and patient education on caring for illness at home.

Tools and Resources for Family Doctors

Screening Tool

This tool will help you screen patients for respiratory symptoms to ensure high-risk patients have timely access to antiviral treatments.

Screening for Symptoms of Respiratory Illness

Patient Education

Share these tips and resources on vaccines, antivirals and when and where to seek care.

Tools for Patients



CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments
for COVID in Community Settings

- Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
- Compensation provided
- To refer your patients (patients may self-refer):
 - Self-screening form: <https://cantreatcovid.org/>
 - Phone: **1-888-888-3308** (Monday - Friday, 8 am to 6 pm ET)
 - Email: info@CanTreatCOVID.org
 - Website: **CanTreatCOVID.org/contact**
- More information:
 - FAQs: <https://www.dfcm.utoronto.ca/sites/default/files/inline-files/CanTreatCOVID%20Study%20Info%20FAQ.pdf>
 - COVID-19 CoP session, “COVID Therapeutics” – Jan. 20, 2023: <https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions>

Wondering if you should get boosted this Fall?

What if I recently had Covid?

Is the booster
Omicron-specific?

What about boosters
for my kids?

Our doctors are here to answer your vaccine questions.

I can help. Let's talk.

Our VaxFacts+ Clinic will connect you with qualified doctors who understand that you may have questions or are looking for more information about COVID-19 vaccines. They are ready to talk, listen and help you get the facts.



Schedule a one-to-one phone conversation.

BOOK ONLINE

shn.ca/VaxFacts



Questions about your health?

Speak with an expert physician!



Our trusted doctors are here to listen and answer your questions about:



VACCINES

Including
COVID-19, RSV, flu,
immunizations



CANCER SCREENING

For colon, breast
and cervical



PREVENTATIVE HEALTH COUNSELLING

For topics such as infectious
diseases, health risk factors,
and community resources



Schedule a one-to-one phone conversation.

BOOK ONLINE:

shn.ca/VaxFacts





FMS 2024

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Questions? Contact us at fms@ocfp.on.ca



Submission deadline: September 22, 2023



Want to
speak at
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2024?

Have an idea
for a session?





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Contact us at fms@ocfp.on.ca



**REGISTRATION
NOW OPEN!**



Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: October 6, 2023

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.